

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Shanis Garcia Guzman

Write the full name of each plaintiff.

23 CV 7292

(Include case number if one has been assigned)

-against-

A. Figueroa (Correctional Officer

R. Siminelli (Correctional officer

D. Geoge (Correctional officer

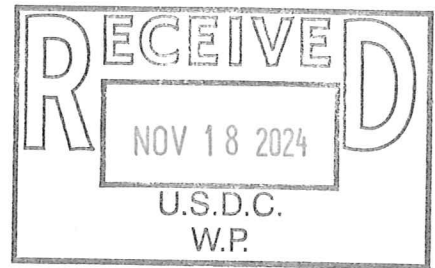
State of New York

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

AMENDED
COMPLAINT
(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Shanis</u>	<u>K.</u>	<u>Garcia Guzman</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

18B1705

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Cayuga Correctional Facility

Current Place of Detention

P.O. Box 1186 Moravia, New York 13118

Institutional Address

<u></u>	<u></u>	<u></u>
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced prisoner
- ☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

A.	Figueroa	
First Name	Last Name	Shield #
Correctional Officer		
Current Job Title (or other identifying information)		
Fishkill Correctional Facility		
Current Work Address		
Beacon	New York	12508
County, City	State	Zip Code

Defendant 2:

B.	Siminelli	
First Name	Last Name	Shield #
Correctional Officer		
Current Job Title (or other identifying information)		
Fishkill Correctional Facility		
Current Work Address		
Beacon	New York	12508
County, City	State	Zip Code

Defendant 3:

D.	George	
First Name	Last Name	Shield #
Correctional Officer		
Current Job Title (or other identifying information)		
Fishkill Correctional Facility		
Current Work Address		
Beacon	New York	12508
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Fishkill Correctional Facility and the B-west dorm and 21 back stair well

Date(s) of occurrence: August 28, 2021 est 1:00 - 1:40 pm

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On August 28, 2021 on housing unit B-west. I was in a 3 man room next to the officer bubble. My 2 roommates were bullying the floor in my room. I couldn't get to my room. So I went to the back of the dorm 3rd Cube from the bathroom. C.O. A. Figueroa was doing her rounds she seen me and said what the fuck you doing back here. I said my bad and went to the dayroom. She went on and said what the fuck you always walking around the house go to your room. Her boyfriend R. Siminelli was working with her he came out the officers bubble and said you talking back to her, I said she told me to go to my room and I pointed out tha I couldn't go to the room and C.O. R. Siminelli said put your hands high and flat on the wall tried to man handle me. I couldn't hold onto the wall no more so I asked him if he wanted me on the floor I couldn't hold onto the wall no more and he replied yes I went on the floor he put his knee in my back and got into the radio and called a code 10 screaming stop resisting then he peppered sprayed me emptying his and A. Figueroa whole canisters in my Face than R. Siminelli punched me in the Face than A. Figueroa punched and kicked me in the head and legs than C.O. D. George and a couple other C.O's I Couldn't see due to the spray took me to the back of the dorm the back stair case I told them I couldn't see nothing can you tell me where the first step is they pushed me down the stairs assalting me on each landing

until I bounced off the gate on the delta checkpoint they took me to medical cleaned my face but didn't clean any of my wounds nor treat them I was then taken to long term keeplock.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

My clavicle was separated from my AC joint my ligament was torn off my left knee was small superficial suprapatella anterior nodules measuring 4mm and 5mm, muscle damage from neck down my back and spasms in my lower back, I got a steroid shot in my back and full shoulder reconstruction. I still need to see other specialist to determine what future treatments are needed for my back.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Empanel a jury to hear all claims triable there to. Awards declaratory relief and equitable relief Awards nominal damages. Awards compensatory damages ① Cost of filing this action and ② Mental emotional damages for past present and future pain and suffering in the amount of \$20,000,000.00 Awards punitive damages in the amount of \$20,000,000.00. Awards reasonable attorney fees and litigation expenses, in accordance with 42 U.S.C § 1988 Awards Plaintiff such other and Further relief as this court deems Just and Proper.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>11/12/24</u>		<u>Shanis Garcia</u>
Dated		Plaintiff's Signature
<u>Shanis</u>		<u>Garcia-Guzman</u>
First Name	Middle Initial	Last Name
<u>Cayuga Correctional Facility P.O. Box 1186</u>		
Prison Address		
<u>Moravia</u>	<u>New York</u>	<u>13118</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 11/12/24

IV. DEFENDANT INFORMATION CONTINUED

Defendant 5:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 6:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 7:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 8:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

IV. DEFENDANT INFORMATION CONTINUED

Defendant 9 :

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 10 :

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 11 :

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 12 :

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Shanis Garcia Guzman 18B1705
CAYUGA CORRECTIONAL FACILITY
P.O. BOX 1150
MORAVIA, N.Y. 13118

CAYUGA



CORRECTIONAL FACILITY

NEOPOST

11/13/2024

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CLERK
UNITED STATES DISTRICT COURT
Southern District of New York
Hon. CHARLES L. BRIANT JA
Federal Building and United States Courthouse
300 Quarropas Street
White Plains, N.Y. 10601

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